# Exhibit A

#### Sun Life Assurance Company of Canada

**Summary Statement** 



**Client Number** 

966203

**Customer Service Center** 

1-800-247-6875

Web Site

Payment Address Sun Life PO Box 843201

**Billing Group Number** 

Kansas City, MO 64184-3201

966203-0001

Kim Sweet

www.sunlife.com/us

Payment Due Date

Big Lots, Inc.

C/O BenefitMall

Please be sure to include an updated copy of this Summary Statement with payment or email to premium.statements@sunlife.com.

10/01/2024

2111 East Highland Ave Suite B-210

Phoenix, AZ 85016

Benefit	Option	Lives	Rate	Calculate	Volume	Current Period	Adjustments	<b>Total Premium</b>
Specific SL Emp & Family	Specific SL Emp & Family	5679	11.19	Lives x Rate	0	\$ 63,548.01	\$ -	\$ 63,548.0

The rates shown include insurance premium and fees for services.

Total \$ 63,548.01

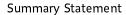
#### **Explanation of Adjustments**

Premiums are due and payable on the premium due date. A grace period (as specified in your Group Insurance Policy) is granted for administrative and mailing purposes. If full payment is not received prior to the expiration of the grace period, all coverage will cease. Also, if any insureds contribute to the cost of coverage and you continue to collect contributions after the date of termination, you may be liable for claims. Mail in your completed statement to the PO Box listed above.

Name of person completing this form	Title	Phone Number	
Kim Sweet	Benefits Administrator		
Signature	Date	Email	
	10/22/2024		

# Exhibit B

## Sun Life Assurance Company of Canada







Client number:

964261

Billing Group Number:

964261-0001

Julie Moll Big Lots Management, LLC 4900 E. Dublin Granville Road Westerville OH 43081 **Client Services** 

800-247-6875

Website

www.sunlife.com/us

Sun Life

P.O. Box 843201

Kansas City, MO 64184-3201

Please be sure to include an updated copy of this Summary Statement with

Payment or Email it to

Premium.Statements@sunlife.com

Your payment is due on 09/01/2024.

If payment has already been submitted, please disregard this statement.

<u></u>		L	ives	Volu	me	<u>l</u>				
Covered benefits	Description	Prior period estimate	Current period	Prior period estimate	Current period	Rate	Prior period estimate	Current period due	Adj.	Total
Voluntary Spouse Life	Voluntary Spouse Life	901		9,010,000		0.300	2,703.00			
	Benefit subtotal						2,703.00			
	Employee Life	9,913		508,154,000		0.095	48,274.63			
	Benefit subtotal						48,274.63			

	Description	Lives		Volume		<u>]                                    </u>				•
Covered benefits		Prior period estimate	Current period	Prior period estimate	Current period	Rate	Prior period estimate	Current period due	Adj.	Total
Employee AD&D	Employee AD&D	9,906		508,045,000		0.018	9,144.81			
	Benefit subtotal						9,144.81			
Long Term Disability-Payroll	Long Term Disability	2,251		17,188,708		0.395	67,895.40			
	Benefit subtotal						67,895.40			
Voluntary Employee Life	Voluntary Employee Life	2,462		194,192,500		Varies	96,279.91			
	Benefit subtotal						96,279.91			
Dependent Life	Dependent Life	9,906		99,060,000		1.25	12,382.50			
	Benefit subtotal						12,382.50			
Estimated premium due							236,680.25			

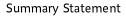
The rates shown include insurance premium and any fees for services that are not billed separately.

### Explanation of adjustments

Premiums are due and payable on the Premium Dupurposes. If full payment is not received prior to the contribute to the cost of coverage and you continustatement with payment to the Sun Life address list.	e expiration of the Grace Perions to collect contributions after	d, all coverage will ceas	e on the last day of the Grace Period. Als	so, if any insureds
Name of person completing this form	Title		Phone number	
Email			Date	

**Disclaimer:** This summary information is based on prior information submitted by you.

## Sun Life Assurance Company of Canada



09/19/2024



Client number:

964261

Billing Group Number:

964261-0001

Julie Moll Big Lots Management, LLC 4900 E. Dublin Granville Road Westerville OH 43081 **Client Services** 

800-247-6875

Website

www.sunlife.com/us

Sun Life

P.O. Box 843201

Kansas City, MO 64184-3201

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Payment or Email it to

Premium.Statements@sunlife.com

Your payment is due on 10/01/2024.

If payment has already been submitted, please disregard this statement.

		Lives		Volume				-		•
Covered benefits	Description	Prior period estimate	Current period	Prior period estimate	Current period	Rate	Prior period estimate	Current period due	Adj.	Total
Employee Life	Employee Life	9,913		508,154,000		0.095	48,274.63			
	Benefit subtotal						48,274.63			
Employee AD&D	Employee AD&D	9,906		508,045,000		0.018	9,144.81			
	Benefit subtotal						9,144.81			

<b></b>	Description	Lives		Volume		<u> </u>				
Covered benefits		Prior period estimate	Current period	Prior period estimate	Current period	Rate	Prior period estimate	Current period due	Adj.	Total
Long Term Disability-Payroll	Long Term Disability	2,251		17,188,708		0.395	67,895.40			
	Benefit subtotal						67,895.40			
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	Benefit subtotal						96,279.91			
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	Benefit subtotal						12,382.50			
Voluntary Spouse Life	Voluntary Spouse Life	901		9,010,000		0.300	2,703.00			
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### Explanation of adjustments

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Name of person completing this form	Title		Phone number	
Email	·		Date	
				_

**Disclaimer:** This summary information is based on prior information submitted by you.